

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40589
STATE FILE NUMBER
5212

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5212

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's				Length of stay in 1b 65 yrs		d. STREET ADDRESS (If outside, give location) 4518 Wyoming	
3. NAME OF DECEASED (Type or print) First MARIE Middle C. Last SCHMIDT				4. DATE OF DEATH Month 11 Day 4 Year 57			
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-4-1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months 4 Days 4 IF UNDER 24 HRS.: Hours 57 Min.	
11a. FATHER'S NAME Benjamin -- Lipps				11b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jacob Schmidt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address John Schmidt, 5716 Kenwood, KC Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) art-sclerotic heart dis. DUE TO (c) Fract. hip PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 1 day 10 yr 4200 F	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month p.m. Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10/21/57 to 11/6/57 and last saw her alive on 11/4/57 Death occurred at 10:38 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James A. Jarvis				22b. ADDRESS Kansas City, Mo.		22c. DATE SIGNED 11/6/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-7-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K C Mo				25. DATE RECD. BY LOCAL REG. 11-6-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Alvin R. Haenschel

Licensed Embalmer No. 4159
P. O. Address H. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.